

TITLE XX BLOCK GRANT PRE-EXPENDITURE REPORT

July 1, 2000 through June 30, 2001



Prepared by
California Department of Social Services

Health and Human Services Agency
State of California
Gray Davis, Governor

TITLE XX SOCIAL SERVICES BLOCK GRANT

PRE-EXPENDITURE REPORT

This report covers the period July 1, 2000 through June 30, 2001, describing the programs that will receive Title XX funds.

Since October 1981, Federal monies for social services have been given to states as a Block Grant for Social Services. In order to qualify for these funds, a state must prepare and announce an expenditure plan; this report represents that plan.

Copies of this report are being provided to all 58 County Welfare Departments. Additional copies may be obtained through request of the Department. Comments concerning this report are welcome and must be received no later than August 30, 2000. All comments should be addressed to:

California Department of Social Services
Budget Bureau
744 P Street, M.S. 8-601
Sacramento, California 95814

I. PROGRAM INTRODUCTION

The public social services system in California is administered locally by the 58 counties and is supervised by the State of California Department of Social Services (CDSS). The state-county system addresses four of the five federal service goals under Title XX through an array of social services administered by three divisions within the Department. These divisions are Disability and Adult Programs Division, Children and Family Services Division, and Community Care Licensing Division. Specific social services programs supervised by these divisions include In-Home Supportive Services, Community Care licensing, and Deaf Access.

The Department of Developmental Services (DDS) also addresses goals under Title XX by providing services directly through seven state developmental centers and indirectly through a statewide network of 21 private, nonprofit Regional Centers.

The total level of program services available within the State is subject to yearly appropriations by the State Legislature and Congress.

II. INTENDED USE OF BLOCK GRANT

It is the State's intent to use the Title XX Social Services Block Grant (SSBG) funds to assist in funding benefits during the State fiscal year (FY) beginning July 1, 2000, and ending June 30, 2001, for the following programs:

- In-Home Supportive Services
- DDS Regional Center Program
- Community Care Licensing
- Deaf Access

This proposal outlines State SSBG services consistent with the five statutory goals:

- 1) Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- 2) Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- 3) Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families;
- 4) Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
- 5) Securing referral or admission for institutional care when other forms of care are not appropriate for providing services to individuals in institutions.

Appendix A identifies the federal goals that are met by each program funded by Title XX of the Social Security Act.

III. FISCAL DISPLAY

Appendix B contains a fiscal display detailing intended expenditures of the Title XX SSBG by program as well as program funding from other sources.

IV. ASSURANCES

The State Department of Social Services and the Department of Developmental Services assure that these programs have been and will continue to be administered in compliance with 45 CFR, Parts 80, 84, 86, 90 and 91 so that no person shall on the grounds of race, color, national origin, age, sex, or condition of physical or mental disability be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under this program.

V. PROGRAM OUTLINES

The following section describes the individual program areas. Each program description includes the types of activities to be supported and the categories and characteristics of the individuals to be served.

IN-HOME SUPPORTIVE SERVICES (IHSS) RESIDUAL PROGRAM

A. Intent

As expressed in the California Welfare and Institutions Code (W&IC) Section 12300, the intent of the IHSS Residual Program is to provide those supportive services to aged, blind, or disabled persons who are unable to perform the services themselves and who cannot remain safely in their homes or abodes of their choosing unless such services are provided. Limits on the IHSS Residual Program are those contained in the W&IC imposed by the annual Budget Act.

W&IC Section 12300 describes supportive services to include, to the extent funds allow, "domestic services and services related to domestic services, heavy cleaning, nonmedical personal services, accompaniment by a provider when needed during necessary travel to health related appointments or to alternative resource sites and other essential transportation as determined by the director, yard hazard abatement, protective supervision, teaching and demonstration directed at reducing the need for other supportive services, and paramedical services which make it possible for the recipient to establish and maintain an independent living arrangement".

B. Service Delivery

Services are provided to the recipient at the local level through three possible delivery modes: individual provider, contract provider, and county welfare staff provider. Approximately 95.6 percent of the recipients are served by individual providers who are hired directly by a recipient. Approximately 4.0 percent of the recipients are served by profit or nonprofit home care agencies under contract with the counties. Less than one percent (0.1) percent of IHSS recipients are served by county welfare staff providers. County staff are also available to assist recipients in selecting and supervising their individual providers.

All funds identified for IHSS (including the SSBG) are used solely for providing services through the three delivery modes described above.

C. Recipient Characteristics

For State FY 2000/2001, the IHSS Residual Program will be serving an estimated 57,232 recipients monthly. Based on the Recipient Summary Characteristics Report, it is estimated that 49 percent of all IHSS recipients are aged, 3.4 percent are blind, and 47.7 percent are disabled. Approximately 22 percent of all recipients fit the classification of severely impaired while 78 percent are considered non-severely impaired. Severely impaired recipients are defined as those people needing assistance of at least 20 hours per week to carry out any or all of the following functions of daily living including routine bodily functions such as bowel and bladder care, respiration assistance, dressing, oral hygiene and grooming, preparation and consumption of food and meal cleanup for individuals who require assistance with the preparation and consumption of food; moving in and out of bed, other assistance in transferring, turning in bed, and other repositioning; bathing, routine bed baths, and washing; ambulation and care and assistance with prostheses; rubbing of skin to promote circulation; paramedical services; any other function of daily living as determined by the Director (W&IC 12304e). The classification as severely

impaired or non-severely impaired becomes important in the IHSS Residual Program since severely impaired recipients are authorized a significantly higher benefit level than non-severely impaired recipients. The severely impaired monthly maximum remains at 283 hours, while the non-severely impaired monthly maximum is 195 hours for FY 2000/2001.

D. Program Eligibility

The IHSS Residual Program is available to aged, blind, or disabled individuals who require such services and who:

1. Currently receive SSI/SSP benefits;
2. Meet SSI/SSP eligibility criteria; including income, but do not receive SSI/SSP benefits; or
3. Meet all SSI/SSP criteria except for income in excess of SSI/SSP eligibility standards.

The excess income, called net nonexempt income, is applied to the cost of IHSS for individuals who have income that exceeds SSI/SSP eligibility standards.

E. Program Components or Contents

The following is a listing of the services that make up the IHSS Program. The authorized services are contained within Section 30-757 of the CDSS Manual of Policies and Procedures (MPP). All eligibility criteria listed in Chapter 30-700 of that manual must be met in order to authorize any of the IHSS Residual Program components.

1. Domestic Services
2. Heavy Cleaning
3. Meal Preparation
4. Meal Cleanup for individuals who require assistance with the preparation and consumption of food.
5. Restaurant Meal Allowance
6. Routine Laundry
7. Reasonable Shopping
8. Personal Care Services
9. Transportation Assistance
10. Yard Hazard Abatement

11. Protective Supervision
12. Paramedical Services
13. Teaching and Demonstration

DEPARTMENT OF DEVELOPMENTAL SERVICES REGIONAL CENTER PROGRAM

A. Intent

It is the intent of the California Legislature that regional centers assist persons with developmental disabilities and their families in securing those services and supports which maximize opportunities and choices for living, working, learning, and recreating in the community.

Regional centers are private, non profit agencies with which the Department of Developmental Services contracts annually to provide the services specified in the Lanterman Developmental Disabilities Act (W&IC, Division 4.5, Section 4620, et al.). Each regional center design reflects the maximum cost-effectiveness possible and is based on a service coordination model.

Regional centers provide services to consumers residing in the community, consumers residing in the developmental centers, and consumers who require provisional placement. Moreover, the regional centers work closely with the developmental centers in an attempt to deflect admissions and to identify inappropriate institutional care.

Regional centers also serve vital functions in their communities. They provide information to the public and professional groups. Regional centers are responsible for the development of quality community programs and resource development. They also monitor the quality of services provided to their consumers and seek to improve those services through training, technical assistance, and other methods.

B. Services Delivery

There are 21 regional centers that were selected based on geographic accessibility and population density. The catchment area boundaries for the regional centers conform to county boundaries or groups of counties, except in Los Angeles County, which is divided into seven areas, each served by a regional center.

Each consumer participates in the development of an Individual Program Plan (IPP) which details the goals and objectives designed to meet the consumer's needs and preferences. The IPP is then used to purchase services and supports from approved vendors and access services from generic agencies. The plan is completed within 60 days of determination of the consumer's eligibility for services and at least once every three years. The IPPs are prepared jointly by representatives of the regional center, the consumer and the consumer's parents, guardian or conservator (if appropriate), and other persons invited by the consumer.

Services delivered include activities necessary to participation in the individual program plan process, securing through purchasing or by obtaining from generic agencies or other resources, services and supports specified in the person's Individual Program Plan, coordination of service and support programs, collection and dissemination of information and monitoring implementation

of the plan to ascertain that objectives have been fulfilled and to assist in revising the plan as necessary.

C. Recipient Characteristics

The program will serve any person believed to have a developmental disability, and any person believed to have a high risk of parenting a developmentally disabled infant shall be eligible for initial intake and assessment services in the regional centers. In addition, the program will serve any infant having a high risk of becoming developmentally disabled.

A child less than 36 months of age whose genetic, medical, or environmental history is predictive of a substantially greater risk of developmental disability than the general public is a "high-risk infant". The total regional center California community population is estimated at 166,840 consumers to be in state FY 2000/2001 and includes those consumers who reside in the developmental centers.

D. Program Eligibility

The regional center will consider if an individual meets the definition of developmental disability and may consider evaluations and tests including but not limited to intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests performed by a physician, psychiatric tests, and other tests or evaluations that have been performed by and are available from other sources.

E. Program Components or Contents

Services delivered to consumers encompass case finding and outreach, intake, diagnosis and assessment, preventive services to potential parents and persons at risk of having developmental disabilities, individual program planning advocacy, monitoring and evaluation, and case management.

COMMUNITY CARE LICENSING

A. Intent

The Community Care Licensing Division (CCLD) is a regulatory enforcement program with the responsibility of protecting the health and safety of children and adults residing or spending a portion of their time in out-of-home care. The program includes prevention, compliance, and enforcement components.

Licensing activities are performed by both state and county staff. State district offices license facilities in 14 licensing categories. Counties have the option of retaining the licensing function for Family Child Care and Foster Family Homes in their local area or transferring the responsibility back to the State.

Legislative/Statutory Authority

Health and Safety Code, Sections 1508 (Community Care Facilities Act), 1568.02 (Residential Care Facilities for the Chronically Ill Act), 1569.11 (Residential Care Facilities for the Elderly Act), 1596.80 (Child Day Care Act), authorizes the CCLD to license these programs:

Licensing Categories:	Adoption Agencies
	Adult Day Care
	Adult Day Support Centers
	Adult Residential Facilities
	Child Care Centers
	Family Child Care Homes
	Foster Family Agencies
	Foster Family Homes
	Group Homes
	Residential Care for the Chronically Ill
	Residential Care for the Elderly
	Small Family Homes
	Social Rehabilitation Facilities
	Transitional Housing Placement

B. Service Delivery

Facilities licensed by CCLD provide care and supervision to children and adults in out-of-home care programs. The ultimate responsibility of CCLD is to protect the health and safety of children and adults who require care in these programs because of age, physical disability or mental disability. This is accomplished through the three components of the program:

- Prevention - the reduction of predictable harm by screening out unqualified applicants and by providing applicants and licensed providers with information regarding the laws and regulations concerning the operation of CCLD facilities.
- Compliance - The process which ensures that CCLD facilities are operated according to applicable laws and regulations. Compliance is maintained through facility inspection, issuing deficiency notices, and providing consultation regarding the correction of deficiencies.
- Enforcement - A range of corrective actions (from civil penalties to facility closure) taken when a provider fails to protect the health and safety of people in care or is unwilling to maintain compliance with licensing laws and regulations.

C. Recipient Characteristics

Community care was originally envisioned as a normalizing, homelike setting and the least restrictive environment for clients. In recent years, however, the nature of community care has changed dramatically, and the program has now been expanded to include care for persons who have severe behavior adjustment problems, serious mental disorders and significant medical needs.

The population cared for in facilities licensed by CCLD district offices and contracted counties require care and supervision because of age, physical disability or mental disability. In FY 2000/2001, caseload projections show that there will be 26,482 licensed residential programs and 55,358 child day care programs with a combined capacity of over 1,280,510 children and adults.

D. Program Eligibility

Community Care Facilities provide care and supervision to children and adults that reside or spend a portion of their time in out-of-home care.

Facilities licensed by the CCLD must meet minimum licensing standards in order to maintain the privilege of providing care and supervision to children and adults.

E. Program Components or Contents

The CCLD licensing categories include:

- Adult Residential Facilities (ARF) provides 24-hour nonmedical care for adults ages 18 to 59. Caseload projections for FY 2000/2001 show that there will be 4,597 facilities serving over 38,615 clients.
- Residential Care Facilities for the Elderly (RCFE) provide non-medical care (medical care may be provided under certain conditions) to persons over 60 years of age. Projections for FY 2000/2001 indicate that there will be 6,376 RCFEs caring for over 137,084 residents.

- Social Rehabilitation Facilities (SRF) provide 24-hour non-medical care to adults recovering from mental illness. SRFs are a new licensing category. Projections show that there will be 71 SRFs in FY 2000/2001 serving around 859 clients.
- Adult Day Care Facilities (ADCF) provide a variety of social and support services for elderly adults in a day care setting. Projections show that there will be 673 of these programs in California serving 31,698 clients in FY 2000/2001.
- Foster Family Homes (FFH) provide 24-hour non-medical care (medical care is permitted under certain circumstances) in the licensee's family residence for not more than six foster children. In FY 2000/2001 there will be 12,125 licensed FFHs in California serving over 30,284 children. Most FFHs are licensed by the counties through contract with CCLD.
- Group Homes (GH) provide 24-hour non-medical care to children in a structured environment. Caseload projections for FY 2000/2001 show that there will be 1,626 GH facilities serving over 15,447 clients.
- Small Family Homes (SFH) provide 24-hour care in the licensee's family residence for six or fewer children. Caseload projections for FY 2000/2001 show that there will be 423 such facilities serving over 1,946 clients.
- Residential Care Facilities for the Chronically Ill (RCF-CI) provide 24-hour care and supervision for adults who have Acquired Immune Deficiency Syndrome (AIDS) or the Human Immunodeficiency Virus (HIV). This licensing category was established on January 1, 1991. Caseload projections for FY 2000/2001 show that there will be 30 facilities serving 393 clients.
- Adoption Agencies (AA) provide adoptive services, placement of children for adoption and supervision of the adoptive placements. Caseload projections for FY 2000/2001 show that there will be 99 such facilities.
- Foster Family Agencies (FFA) recruit foster parents, certify and monitor homes for use by the agency, provide professional support to foster parents, and arrange placement of children. Caseload projections show that there will be 462 licensed FFAs in FY 2000/2001.
- Family Child Care Homes (FCCH) provide child day care for up to 12 children in the licensees' own home for periods of less than 24 hours per day. Caseload projections show 41,607 licensed FCCHs in FY 1999/2000 caring for over 353,135 children. About 13 percent of the FCCH programs are licensed by the counties under contract with CCLD.
- Day Care Centers (DCC) provide less than 24-hour per day care and supervision for children in a group setting. Caseload projections show 13,751 licensed DCC programs in FY 2000/2001 caring for over 671,049 children.

- Transitional Housing Placement (THP) provides supervised apartment living services to children at least 17 years of age who are under the supervision of a county welfare or county probation department and participating in an independent living program. Caseload projections for FY 2000/2001 show 25 licensed THPs.

To ensure that CCLD facilities are operated according to applicable laws and regulations, CCLD is required to:

- Review, approve, or deny applications for facility license.
- Secure criminal record clearances on applicants, owners, staff, and non-client adult residents of facilities.
- Investigate complaints against facilities.
- Develop and enforce regulations to protect client health, safety, and human rights.
- Visit and evaluate all licensed facilities on a regular basis.
- Monitor facilities for compliance with licensing laws and regulations.
- Pursue enforcement actions against facilities in violation of licensing laws and regulations.

DEAF ACCESS ASSISTANCE PROGRAM

A. Intent

The Deaf Access Assistance Program (DAAP) was created in 1980 to assure that state and local government programs are routinely adapted to meet the communication needs of the 2.8 million California deaf and other hearing impaired persons and to enable hearing impaired children, adults, and families to receive all the benefits and services they are entitled to. The Welfare and Institutions Code (W&IC), Section 2, Chapter 2.1, Section 10621 describes a minimum of seven service categories as "mandated" to ensure that not only would the communication needs of deaf persons be addressed but combined with additional social services, this program of comprehensive services would help deaf persons achieve and maintain self-sufficiency and reduce dependency.

B. Service Delivery

The seven mandated social services shall include but not be limited to the following services:

- 1) Complete communication services through interpreter services by a professional.
- 2) Advocacy to assure deaf and hearing impaired persons receive equal access to public and private services.
- 3) Job development and job placement.
- 4) Information and referral.
- 5) Counseling including peer counseling.
- 6) Independent Living Skills Instruction.
- 7) Community education about deafness and hearing impairment.

DAAP services are provided through a statewide network of eight regional, nonprofit corporations contracted and supervised by the State through the California Department of Social Services, Office of Deaf Access. Pursuant to the W&IC, Section 2, Chapter 2.1, Section 10624, the State - in awarding DAAP service contracts - gives special consideration of the extent to which deaf and hearing impaired persons are included in the service provider's staff and on the Boards of Directors. During a two-year demonstration project, this model of helping deaf people to help themselves was found to be more effective than the traditional medical model where hearing professionals "take care of" deaf people.

The total level of DAAP services available within the State is subject to yearly appropriations by the State Legislature and Congress. Current appropriations allow services to half of California's 58 Counties, which contain an estimated 92 percent of the target population.

Service providers also assist public agencies in meeting their legal obligation of maintaining equal communication access to public programs and services by helping public agencies to find qualified sign language interpreters to fill the needs of these public agencies. Under W&IC, Section 2, Chapter 2.1, Section 10625.1 public agencies then reimburse the service providers for their actual costs for this communication assistance service. Statewide, in 1994, over 75,000 hours of sign language interpreter services were arranged for public and private agencies.

C. Recipient Characteristics

The DAAP provides services to an estimated 2.8 million deaf and other hearing impaired persons in California. Client surveys taken in 1994 indicate that approximately 47 percent report themselves as deaf. Another 34 percent report themselves as hearing (includes agencies), and 7 percent of the clients describe themselves as hard of hearing. The remaining 12 percent either did not report or used general terms, such as “hearing impaired”. A small percentage (2 percent) of those who reported themselves as “deaf” also reported that they are both “deaf and blind”.

Recipients include children, adults, and families where deafness or other hearing loss of some type is involved. The Rubella epidemic of 1964 resulted in several hundred adult clients today who have multiple handicaps in addition to their deafness. The refugee population also includes deaf or other hearing-impaired individuals who must learn a new language in this case, American Sign Language--, as their native sign language is not widely used in this country. Communication assistance also includes sponsoring sign language classes or providing information on available local sign language classes. All of these clients share the same need for assistance in their communication, which is addressed by the DAAP.

The fastest growing portion of the DAAP client population in California includes persons over the age of 65 experiencing hearing loss for the first time in their lives and the Hispanic population which often relies on Mexican Sign Language to communicate. There are no income eligibility requirements in the DAAP. A fee is charged for services with a sliding scale available to needy hearing impaired clients.

D. Program Eligibility

Services are available to anyone with any degree of hearing loss including hearing individuals or agencies that have any concerns about hearing loss. More than half of the requests received statewide in 1995 for Information and Referral services came from public or private agencies or persons with normal hearing who have a friend, relative, or client who is hearing impaired. These agencies or individuals needed information on how to assist a hearing impaired individual.

E. Program Components or Contents

The following is a listing of the services that make up the Deaf Access Assistance Program. These services are contained in W&IC, Section 2, Chapter 2.1, Section 10621, and Section 65-110 of the CDSS Manual of Policies and Procedures (MPP):

1. Complete communication assistance services are provided:

- a. Through interpreter services by a professional and qualified sign language, oral, or Deaf-Blind interpreter. Requests for interpreter appointments are received by service providers from clients, government, business, hospitals, etc. The service provider assesses the deaf client's preferred mode of communication, type of communication to occur (medical, legal, government, schools, and general), arranges and schedules the most qualified and appropriate interpreter for each request. Public entities that are legally obligated to provide equal communication access are billed for the actual cost of this service. Some local governments have written flat rate contracts with service providers to reduce their overall costs for interpreters;
 - b. In addition to interpreters, service providers also offer communication assistance to other hearing impaired persons (i.e., hard of hearing, or deafened adults -- "deafened adults" are persons who become deaf later in life and do not know sign language). For example, providers help find special electronic equipment to increase understanding of speech for hard of hearing persons in a variety of listening situations, such as telephone amplifiers, Assistive Listening Systems, Audio Loops, and Personal FM Systems. Providers help deafened persons with communication assistance through Videotext displays, and computer assisted notetaking;
 - c. The providers also augment the California Relay Service (which requires both parties to have a telephone) by offering telephone relay services which allows hearing people with telephones and deaf people without telephones to "talk" with each other through a staff interpreter (like a three party phone call), and;
 - d. The last communication assistance service is translation of English language correspondence as English is, in effect, a foreign language for people who were born deaf because they have never heard English and cannot read it. Interpreters will translate written English for deaf persons.
2. Advocacy who assists deaf and other hearing impaired persons in receiving the same level of public services as received by hearing people. This service prevents or remedies situations of neglect or abuse of children and adults who are unable to protect their own interests, for example, gaining access to "911" emergency services. Assistance is also given to teach deaf people how to advocate for themselves.
 3. Job development and job placement which aids all hearing impaired clients who do not otherwise qualify for similar services offered by the California Department of Rehabilitation or the Employment Development Department.
 4. Information and referral for both hearing and hearing impaired persons. For example, deaf and other hearing impaired people can find out about public service programs and hearing people can find out about hearing impairments.
 5. Counseling including peer counseling to learn how to cope with deafness or adjust to hearing loss. This service is available to deaf and other hearing impaired persons and their families or friends.

6. Independent living skills instruction on how to live independent of public institutions. This includes teaching skills (such as money management), shopping, use of public transportation, and resume writing.
7. Community education to increase awareness and understanding of deaf and other hearing impaired persons by the local community.

APPENDIX A

PROGRAM APPLICATION TO TITLE XX GOALS

STATE PROGRAM	GOAL 1	GOAL 2	GOAL 3	GOAL 4	GOAL 5
In-Home Supportive Services			X	X	
Developmental Services			X		
Community Care Licensing			X	X	
Deaf Access Assistance Program	X	X	X		

Goal 1: Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency.

Goal 2: Achieving or maintaining self-sufficiency, including reduction of prevention of dependency.

Goal 3: Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests.

Goal 4: Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.

Goal 5: Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

APPENDIX B
FISCAL DISPLAY

Federal Title XX Allocation

State FY 1997/98 (Actual)	State FY 1998/99* (Actual)	State FY 1999/00 (Actual)
\$302.8 million	\$409.4 million	\$216.6 million

**State FY 2000/2001
Proposed Funding
(Dollars in Millions)**

<u>Program</u>	<u>Title XX</u>	<u>Other Federal Funds</u>	<u>General Fund</u>	<u>County Fund</u>	<u>Special Funds</u>	<u>Total Funds</u>
In-Home Supportive Services	\$37.7	\$796.4	\$822.3	\$448.2	0	\$2,104.6
DDS Regional Centers	111.0	420.8	1,372.7	0	6.5	1,911.0
Community Care Licensing	54.2	12.6	48.9	0	5.2	120.9
Access Assistance/Deaf	<u>3.2</u>	<u>0</u>	<u>3.0</u>	<u>0</u>	<u>0</u>	<u>6.2</u>
Total	\$206.1	\$1,229.8	\$2,246.9	\$448.2	\$11.7	\$4,142.7

* Includes \$183M TANF Transfer

APPENDIX C

CERTIFICATION REGARDING LOBBYING

Certification For Contracts, Grants, Loans, And Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal amendment, or modification of any Federal contract, grant, loan or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

California Department of Social Services

ORGANIZATION



AUTHORIZED SIGNATURE

CHIEF, FINANCIAL PLANNING 7/13/00

TITLE

DATE

APPENDIX D

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS - PRIMARY COVERED TRANSACTIONS

By signing and submitting this proposal, the applicant, defined as the primary participant in accordance with 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or Agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any offenses enumerated in paragraph (l)(b) of this certification; and

(d) have not within a 3-year period preceding this application proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

The inability of a person to provide the certification required above will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the Department of Health and Human Services (HHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

The prospective primary participant agrees that by submitting this proposal, it will include the clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transaction" provided below without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

APPENDIX E

DRUG-FREE WORKPLACE CERTIFICATION

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

This certification is required by regulations implementing the Drug-Free Workplace Act of 1988, 45 CFR Part 76, Subpart F. The regulations, published in the January 31, 1989 Federal Register, require certification by grantees that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when HHS determines to award the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment.

The grantee certifies that it will provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantees workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and,
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement; and,
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;

- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination; or, (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).